

GENERIC NAME:

IPRATROPIUM BROMIDE

112.15

BRAND NAME:

Atrovent

CLASS:

anticholinergic, bronchodilator

Mechanism of Action:

Anticholinergic (parasympatholytic) agent appears to inhibit vagally-mediated reflexes by antagonizing the action of acetylcholine, the transmitter released from the vagal nerve. (SEE: Notes)

Indications and Field use:

Treatment of bronchospasm associated with chronic obstructive pulmonary disease (emphysema and chronic bronchitis). To be used either alone or in combination with other bronchodilators especially beta adrenergics (i.e., albuterol).

Contraindications:

Ipratropium bromide is contraindicated in known or suspected cases of hypersensitivity to ipratropium bromide or to atropine and its derivatives. Precaution: should be used with caution in patients with narrow angle glaucoma.

Adverse Reactions:

Resp: Coughing. Sputum increased
CNS: Dizziness. Insomnia. Tremor. Nervousness
GI: Nausea

NOTES ON ADMINISTRATION

Incompatibilities/Drug Interactions:

None. Ipratropium bromide has been shown to be safe and effective bronchodilator when used in conjunction with beta adrenergic bronchodilators (albuterol).

Adult Dosage:

Give 500 mcg in 2.5 ml normal saline (1 unit dose vial) via SVN with a mouth piece or in-line with a ventilatory device. Repeat according to medical control preference. May mix one unit dose vial of ipratropium with one unit dose vial of albuterol.

Routes of Administration:

Nebulized, mouth piece or in-line
Inhaler (patient's own)

GD-043-PHS-EMS: Drug Profile for Ipratropium Bromide

Onset of Action:

5-15 minutes

Peak Effects:

60-120 minutes

Duration of Action:

240-480 minutes

Dosage Forms/Packaging:

Inhalation Solution Unit Dose Vial is supplied as a 0.02% clear, colorless solution containing 2.5 ml with 25 vials per foil pouch

Arizona Drug Box Supply Range:

Paramedics:	2 - 4 unit doses
Intermediates:	2 - 4 unit doses

Special Notes:

- > Anticholinergics produce preferential dilatation of the larger central airways, in contrast to beta agonists, which affect the peripheral airways. May be more effective used in combination with beta agonists.
- > Should be kept out of light in foil pouch and avoid excessive humidity.